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FACSIMILE COVER SHEET

TO: U.S. Patent & Trademark Office
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FROM: Frank L. Cire (Reg. No.: 42,419)

RE: U.S. Application No. 09/840,166
Attn: Examiner J. Janvier
Group Art Unit 3622
Atty. Docket No. 03500.015320.

FAX NO.: (571) 273-8300

DATE: April 11, 2006

NO. OF PAGES:
(including cover page) *24*

TIME: *3:40 p.m.*

SENT BY: *Chapise*

MESSAGE

Transmitted herewith is an Amendment and an Amendment Transmittal in response to the Office Action dated January 11, 2006.

I hereby certify that this correspondence is being facsimile transmitted to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

April 11, 2006
(Date of Transmission)

Frank L. Cire (Reg. No. 42,419)
(Name of Attorney for Applicant)


Signature

April 11, 2006
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APR 11 2006

In re Application of:

KATSUHISA OGAWA, et al.

Application No.: 09/840,166

Filed: April 24, 2001

Docket No. 03500.015320.

Examiner: J. Janvier

Group Art Unit: 3622

Date: April 11, 2006

For: METHOD, APPARATUS, AND PROGRAM FOR PROVIDING EXPENDABLE SUPPLIES BY
UTILIZING PRINT OUTPUT (As Amended)Mail Stop Amendment
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 26	MINUS	** 26	= -0-	x \$25 \$50	-0-
INDEP. CLAIMS	* 8	MINUS	*** 8	= -0-	x \$100 \$200	-0-
Fee for Multiple Dependent claims \$180°/\$360						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						-0-

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

☐ Verified Statement claiming small entity status is enclosed, if not filed previously.☐ A check in the amount of \$_____ is enclosed.☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

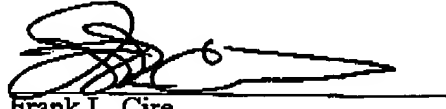
☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.

☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.

☒ Applicants' undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Frank L. Cire
Attorney for Applicants
Registration No.: 42,419

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CA_MAIN 109605v1

APR 11 2006

03500.015320.

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
: Examiner: J. Janvier
KATSUHISA OGAWA, et al.)
: Group Art Unit: 3622
Application No.: 09/840,166)
: Filed: April 24, 2001)
: For: METHOD, APPARATUS AND
PROGRAM FOR PROVIDING)
EXPENDABLE SUPPLIES)
BY UTILIZING PRINT OUTPUT)
(As Amended)) April 11, 2006

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

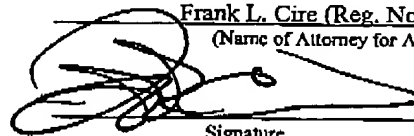
Sir:

In response to the Office Action dated January 11, 2006, please amend the
above-identified application as follows:

I hereby certify that this correspondence is being facsimile transmitted
to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-
1450 on

April 11, 2006
(Date of Transmission)

Frank L. Cire (Reg. No. 42,419)
(Name of Attorney for Applicant)



Signature

April 11, 2006
Date of Signature